4' 2167.

09/938,125

Docket No.: NY-JONAS 203.1 US (10103964)

Group Art Unit: 2167

Examiner: Michael A. Cuff

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, Va. 22313-1450 on the date shown below

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Jonas ULENAS et al.

Application No.: 09/938,125

Filed: August 23, 2001

For: METHOD AND APPARATUS FOR

OBTAINING CONSUMER PRODUCT

PREFERENCES THROUGH INTERACTIVE PRODUCT SELECTION AND EVALUATION

GROUP TOURD AMENDMENT UNDER 37 C.F.R. § 1.111

MS: Non-Fee Amendment Commissioner for Patents P. O. Box 1450 Alexandria, Va. 22313-1450

Dear Sir:

In response to the Office Action dated March 16, 2004 (Paper No. 12), please amend the above-identified U.S. patent application as follows:

07/28/2004 SWILLIAM 00000006 500624

01 FC:2201 02 FC:2202

43.00 DA 27.00 DA

25422658_1.DOC

Applicant believes no fee is due with this response. However, if a fee is due, please charge our Deposit Account No. 50-0624, under Order No. NY-JONAS 203.1 US (10103964) from which the undersigned is authorized to draw.

Respectfully submitted,

C.Andrew Im

Registration No.: 40,657

FULBRIGHT & JAWORSKI L.L.P.

666 Fifth Avenue

New York, New York 10103

(212) 318-3000

(212) 318-3400 (Fax)

Attorneys for Applicant

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

JON45-203-1-US

CLAIMS AS FILED - PART I												
_			(Column 1)		(Column 2)			SMALL ENTITY TYPE		00	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			2	C				RATE	FEE	7 7		
FOR			NUMBER	RFILED	NUME	BER EXTRA		BASIC FE		1	RATE BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			この minus 20=		• @					HOH		710.00
INI	DEPENDENT C	LAIMS	マ minus 3 =		. 0			X\$ 9=		OR	X\$18=	
} —		NDENT CLAIM P	<u> </u>	11103 3 =				X40=		OR	X80≈	
۱.	the difference	in column 1 is	less than a	ero enter	"O" in (Column 3		+135=		OR	+270=	
			less than zero, enter "0" in column 2				TOTAL	355	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A		CLAIMS REMAINING		HIGH	EŞT		ſ	JIIALL	ADDI-	OR 1	SWALL	
		AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	7/1	$\overline{}$		4	X\$ 9=		OR	X\$18=	- FEE
	Independent	· >	Minus	V T		=	ŀ	X40=		1	X80=	
<u>_</u>	FIRST PRESE	NTATION OF MI	ALTIPLE DE	PENDENT	CLAIM		ł			OR	X80=	2
		_					L	+135=		OR	+270=	
							Α	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	. 23	Minus	2	2	= 3	Ī	X\$ 9=			X\$18=	FEE
	Independent	. 4	Minus	/	5	= /	ŀ	X40=		OR		
	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT	CLAIM		┢	A40=		OR	X80≈	
							L	+135=		OR	+270=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	n 2)	(Column 3)				·		
AMENDMENT C		CLAIMS REMAINING		HIGHE NUMB		PRESENT	Γ		ADDI-			ADDI-
		AFTER AMENDMENT		PREVIO PAID F		EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	· 23	Minus	2:	3	<i>- O</i>	F	X\$ 9=	FEE		V540	_FEE
	Independent	_ /	Minus	2/	/	= ()	┢		-/	OR	X\$18=	$ \mathcal{A}$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	X40=	/_	OR	X80=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
" " " " " " " " " " " " " " " " " " "												
	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											
									priote tox	com		l